

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|--|---|--|--|--|--|--|--|--|---|--|---|--|---|--|
| MEMBER INVOLVED | | 1. DATE OF INCIDENT 24-OCT-2013 | | TIME 18:50:00 | | 2. ADDRESS OF OCCURRENCE 10931 S EBERHART AVE CHICAGO, IL 60628 | | | | 3. LOCATION CODE 290 | | 4. BEAT/OCCUR 0513 | | | | | |
| | | 5. POSITION 9161 | | 6. LAST NAME MURRAH | | 7. FIRST NAME CHRISTOPH | | 8. STAR NO. 18003 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE/CODE BLK | | 11. AGE 600 | | 12. HT. 162 | |
| SUBJECT INFORMATION | | 14. DATE OF APPT. 17-MAR-1997 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 005 0571 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| | | 20. LAST NAME STYLES | | 21. FIRST NAME ANGELIQUE | | 22. M.I. [REDACTED] | | 23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. [REDACTED] | | 27. WT. [REDACTED] | |
| REASON FOR USE OF FORCE (Check all that apply) | | 28. ADDRESS [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED?/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST | | 34. BY WHOM? DR. [REDACTED] | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | |
| | | 36. CHARGES PLACED [REDACTED] | | 37. CB NO. [REDACTED] | | 38. IR NO. [REDACTED] | | 39. DNA <input type="checkbox"/> DNA | | 40. DNA <input type="checkbox"/> DNA | | 41. DNA <input type="checkbox"/> DNA | | 42. DNA <input type="checkbox"/> DNA | | 43. DNA <input type="checkbox"/> DNA | |
| WEAPON DISCHARGE INCIDENT | | 38. DNA <input type="checkbox"/> DNA | | 39. DNA <input checked="" type="checkbox"/> DNA | | 40. DNA <input type="checkbox"/> DNA | | 41. DNA <input type="checkbox"/> DNA | | 42. DNA <input type="checkbox"/> DNA | | 43. DNA <input type="checkbox"/> DNA | | 44. DNA <input type="checkbox"/> DNA | | 45. DNA <input type="checkbox"/> DNA | |
| | | 46. DNA <input type="checkbox"/> DNA | | 47. DNA <input type="checkbox"/> DNA | | 48. DNA <input type="checkbox"/> DNA | | 49. DNA <input type="checkbox"/> DNA | | 50. DNA <input type="checkbox"/> DNA | | 51. DNA <input type="checkbox"/> DNA | | 52. DNA <input type="checkbox"/> DNA | | 53. DNA <input type="checkbox"/> DNA | |
| CASE INFO. | | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | 45. MAKE/MANUFACTURER [REDACTED] | | 46. MODEL [REDACTED] | | 47. BARREL LENGTH [REDACTED] | | 48. CALIBER/GAUGE [REDACTED] | |
| | | 49. TASER DART ID NO. [REDACTED] | | 50. WEAPON SERIAL NO. (Include Letters) [REDACTED] | | 51. CHICAGO GUN REG. NO. [REDACTED] | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | | 53. HANDGUN CERTIFICATE NO. [REDACTED] | | 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 55. PROPERTY INVENTORY NO. [REDACTED] | | 56. TYPE OF AMMUNITION USED [REDACTED] | |
| SIGNATURES | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED] | | 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED] | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED] | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED] | | 63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | |
| | | 65. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED] | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED] | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) [REDACTED] | | 70. EVENT NO. 1329712206 | | 71. R.D. NO. HW505985 | | | |
| SIGNATURES | | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. | | 73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. | | 74. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | 75. REPORTING MEMBER (Print Name) MURRAH, CHRISTOPH | | STAR/EMPLOYEE NO. 18003 | | SIGNATURE [REDACTED] | | 76. DATE REVIEWED 25-OCT-2013 01:18:07 | | 77. TIME 25-OCT-2013 01:18:07 | |
| | | 78. REVIEWING SUPERVISOR (Print Name) TULLY, SEAN F | | STAR NO. 1090 | | SIGNATURE [REDACTED] | | 79. DATE REVIEWED 25-OCT-2013 01:18:07 | | 77. TIME 25-OCT-2013 01:18:07 | | 80. SIGNATURE [REDACTED] | | 81. DATE REVIEWED 25-OCT-2013 01:18:07 | | 82. TIME 25-OCT-2013 01:18:07 | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that this incident was handled within department guidelines. Officer Murrah was in fear of being stabbed by the assailant, who lunged at him and his partner while armed with a knife raised in a threatening manner. The assailant ignored repeated orders to drop the knife. Officer Murrah did not discharge his weapon due to the fact that his partner shot the assailant ending the threat. This incident was handled properly.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRND 1065714 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

25-OCT-2013 01:23:48

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CRIMINATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRRs THIS EVENT No.

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